

FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT  
UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW JERSEY

Oswaldo Correa-Martinez

(Enter above the full name of the plaintiff in this action)

COMPLAINT

Civil Action No. \_\_\_\_\_

(To be supplied by the Clerk of the Court)

<sup>v.</sup>  
Dr. Shekit, San Francisco  
Hospital, Rutgers Health  
Care & N.S.P.

(Enter the full name of the defendant or defendants in this action)

INSTRUCTIONS; READ CAREFULLY

1. This complaint must be legibly handwritten or typewritten, signed by the plaintiff and subscribed to under penalty of perjury as being true and correct. All questions must be answered concisely in the proper space on the form. Where more space is needed to answer any question, attach a separate sheet.
2. In accordance with Rule 8 of the Federal Rules of Civil Procedure, the complaint should contain (1) a short and plain statement of the grounds upon which the court's jurisdiction depends, (2) a short plain statement of the claim showing that you are entitled to relief, and (3) a demand for judgment for the relief which you seek.
3. You must provide the full name of each defendant or defendants and where they can be found.
4. You must send the original and one copy of the complaint to the Clerk of the District Court. You must also send one additional copy of the complaint for each defendant to the Clerk. Do not send the complaint directly to the defendants.
5. Upon receipt of a fee of \$400.00 (a filing fee of \$350.00, and an administrative fee of \$50.00), your complaint will be filed. You will be responsible for service of a separate summons and copy of the complaint on each defendant. See Rule 4, Federal Rule of Civil Procedure.

6. If you cannot prepay the \$400.00 fee, you may request permission to proceed in forma pauperis in accordance with the procedures set forth in the application to proceed in forma pauperis. See 28 U.S.C. §1915. (If there is more than one plaintiff, each plaintiff must separately request permission to proceed in forma pauperis.)

7. If you are given permission to proceed in forma pauperis, the \$50.00 Administrative Fee will not be assessed. The Clerk will prepare and issue a copy of the summons for each defendant. The copies of summonses and the copies of the complaint, which you have submitted will be forwarded by the Clerk to the United States Marshal, who is responsible for service. The Marshal has USM-285 forms you must complete so that the Marshal can locate and serve each defendant. If the forms are sent to you, you must complete them in full and return the forms to the Marshal.

#### QUESTIONS TO BE ANSWERED

1a. Jurisdiction is asserted pursuant to (CHECK ONE)

☒ 42 U.S.C. §1983 (applies to state prisoners)

☐ Bivens v. Six Unknown Named Agents of Fed. Bureau of Narcotics, 403 U.S. 388 (1971) and 28 U.S.C. § 1331 (applies to federal prisoners)

If you want to assert jurisdiction under different or additional statutes, list these below:

1b. Indicate whether you are a prisoner or other confined person as follows:

☐ Pretrial detainee

☐ Civilly-committed detainee

☐ Immigration detainee

☒ Convicted and sentenced state prisoner

☐ Convicted and sentenced federal prisoner

☐ Other: (please explain) \_\_\_\_\_

## 2. Previously Dismissed Federal Civil Actions or Appeals

If you are proceeding in forma pauperis, list each civil action or appeal you have brought in a federal court while you were incarcerated or detained in any facility, that was dismissed as frivolous or malicious, or for failure to state a claim upon which relief may be granted. Please note that a prisoner who has on three or more prior occasions, while detained in any facility, brought an action or appeal in a federal court that was dismissed as frivolous or malicious, or for failure to state a claim upon which relief may be granted, will be denied in forma pauperis status unless that prisoner is under imminent danger of serious physical injury. See 28 U.S.C. § 1915(g).

## a. Parties to previous lawsuit:

Plaintiff(s): \_\_\_\_\_

Defendant(s): \_\_\_\_\_

## b. Court and docket number: \_\_\_\_\_

c. Grounds for dismissal: ( ) frivolous ( ) malicious  
( ) failure to state a claim upon which relief may be granted

d. Approximate date of filing lawsuit: \_\_\_\_\_

e. Approximate date of disposition: \_\_\_\_\_

If there is more than one civil action or appeal, describe the additional civil actions or appeals using this same format on separate sheets.

3. Place of Present Confinement? \_\_\_\_\_

## 4. Parties

(In item (a) below, place your name in the first blank and place your present address in the second blank. Do the same for additional Plaintiffs, if any.)

a. Name of plaintiff: Osvaldo Correa-Martinez

Address: P.O. Box 2300, Newark N.J. 07114

Inmate#: state 1202349, SBI 853511A

b. First defendant:

Name: Dr. Amar Shekir

Official position: Orthopedic Surgeon Dr.

Place of employment: San Francis Hosp.

How is this person involved in the case?

(i.e., what are you alleging that this person did or did not do that violated your constitutional rights?)

I was the one who did the surgery & kill  
My Right Hand.

c. Second defendant:

Name: San Francis Hospital

Official position: Place of The Surgery.

Place of employment: San Francis Hospital

How is this person involved in the case?

(i.e., what are you alleging that this person did or did not do that violated your constitutional rights?)

This Is The Place Where Dr. Shekir Did  
The Surgery.

d. If there are more than two defendants, attach a separate sheet. For each defendant specify: (1) name, (2) official position, (3) place of employment, and (4) involvement of the defendant.

5. I previously have sought informal or formal relief from the appropriate administrative officials regarding the acts complained of in the Statement of Claims on page 6.

☒ Yes ☐ No

If your answer is "Yes," briefly describe the steps taken, including how relief was sought, from whom you sought relief, and the results.

Grievance, Inquiries, I pay Remedies,

If your answer is "No," briefly explain why administrative remedies were not exhausted.

6. Statement of Claims

(State here as briefly as possible the facts of your case. Describe how each defendant violated your rights, giving dates and places. If you do not specify how each defendant violated your rights and the date(s) and place of the violations, your complaint may be dismissed. Include also the names of other persons who are involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach a separate sheet if necessary.)

- ① Well Firstable Dr. Shekit <sup>Violate My Rights</sup> by Not Tell me The Truth & By Tell me That I can ASK For No more Because "You Are A Inmate" That what He Said To me when was Talking To Him In A Video Conference After The Cirgury.
- ② San Francis Hospital was The Place Of The Cirgury.
- ③ Ruguer Is The Insurance Comp. For The Hosp. & The Dr.
- ④ I was In N.S.P. When I Have The Cirgury.

7. Relief

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

I want the Court Help me Get Justice. Because  
This Mr. Dr. Shekar Is You Can Calling Dr. Kill  
My Right Hand With That Surgery Even When  
He Knew It Was No Hope For My Hand And

Even Like That He Ask me If I want  
To Do It Again & When I Ask Him what %  
He Give That My Hand Was Going To Get  
Better He Said (Cero) (0) - This Dr. Need To  
Be Out of His Licence Because **He Got**  
**No Love For Human Life.** And For This  
Permanent Damage I ASK The Compensation  
Of **\$20,000,000.**

8. Do you request a jury or non-jury trial? (Check only one)

☒ Jury Trial ( ) Non-Jury Trial

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 26 day of April, 2021.



Signature of plaintiff\*

(\*EACH PLAINTIFF NAMED IN THE COMPLAINT MUST SIGN THE COMPLAINT  
HERE. ADD ADDITIONAL LINES IF THERE IS MORE THAN ONE PLAINTIFF.  
REMEMBER, EACH PLAINTIFF MUST SIGN THE COMPLAINT).